
Accreditation Report – Southeastern Behavioral Healthcare**Date of Review: January 12 – 15, 2021****Overall Score: 92.7%****REVIEW PROCESS:**

Southeastern Behavioral Healthcare (SBH) was reviewed by The Department of Social Services, Office of Accreditation and Licensure for adherence to the Administrative Rules of South Dakota (ARSD) on January 12-15, 2021. This report contains the following:

- Agency Summary
- Interview Results
- Stakeholder Results
- Administrative and Client Case Record Findings
- Areas of Strengths
- Areas of Recommendations
- Areas Requiring a Plan of Correction
- Prior Areas Addressed in Previous Review
- Accreditation Results

The accreditation results are derived from an administrative score which includes the scoring of policies and procedures and personnel files, the client case record scores, and an overall accumulative score. The level of accreditation status is based on the overall accumulative score.

AGENCY SUMMARY:

Southeastern Behavioral Healthcare (SBH) is a non-profit Substance Use Disorder and Mental Health agency located in Sioux Falls, S.D. The agency is seeking to renew accreditation for both outpatient substance use disorder services (SUD) and mental health services (MH).

Southeastern Behavioral Healthcare's mission is "Empowering people to discover their directions for life in a changing world". SBH has strong ties within the community and an active board of directors that ensures that the needs of the people of the Sioux Falls and surrounding areas are met.

SBH ensures staff are well trained before and after they start working with clients. A thorough orientation is provided by SBH that includes shadowing fellow professionals. Ongoing opportunities for training are also available. SBH staff may attend state-provided trainings and other educational opportunities as they are available. SBH is responsive to community needs, SBH is currently working with

the Sioux Falls Police Department to offer mobile crisis. SBH will be involved in the Triage Center that will be opening in the next few months. SBH also provides support to other Community Mental Health Centers outside of Sioux Falls that are not able to provide the breadth of services offered by SBH.

INTERVIEW RESULTS:

Description: The Department of Social Services, Office of Licensing and Accreditation completes confidential interviews with consenting clients and staff of the agency as part of the accreditation process. The interviews are not a scored component of the accreditation review however the information obtained in the interviews is used for quality improvement of the agency.

Interviews were completed with both agency staff and clientele. There were no concerns noted. Clients are very satisfied with services and feel SBH should do more advertising about the agency and all the services they have to offer.

STAKEHOLDER SURVEY:

Description: Stakeholder Survey data is collected once a year for all accredited mental health and substance use disorder agencies. As part of the survey process, accredited agencies are asked to share the survey with at least three stakeholders in their community. In addition, feedback is gathered from the Department of Corrections (DOC), Unified Judicial System (UJS), and Child Protection Services (CPS) regarding the accredited agencies. The surveys are not a scored component of the accreditation review, however the information obtained in the survey results is used for quality improvement of the agency.

Stakeholder results were sent out and collected over the past three years. SBH had sixty-two total responses from stakeholders. One stakeholder reported that SBH has always been willing to create new programming or enhance existing programs for the benefit of the students, district and community.

AREAS OF STRENGTHS:

Southeastern Behavioral Healthcare's staff are passionate about the work they do from the director down to the counselors. Staff report they feel supported by administration and there is an open-door policy with management. SBH looks for new ways to meet the needs of their community such as collaborating with the Sioux Falls Police Department on a mobile crisis program and is also involved

with the new Triage Center that is planned to open during the summer or early fall of 2021.

AREAS OF RECOMENDATION:

Description: The following areas were identified as areas that the agency is recommended to review and ensure that the areas are corrected. The areas identified met minimum standards which would not require a plan of correction at this time. However, they are areas that, if continued to be found on the next accreditation review, could become future areas of non-compliance requiring a plan of correction.

1. In review of the agency's personnel files, employees were screened for the Medicaid Exclusion List upon hire. However, there were no additional Medicaid Exclusion screenings on file. Per ARSD 67:61:05:12 and 67:62:06:10 the agency shall "routinely" check the exclusion list for all employees. The definition of "routinely" may be defined by the agency, but the Office of Licensing and Accreditation recommends at least annually.
2. Per ARSD 67:61:07:10 and 67:62:08:14, a transfer or discharge summary must be completed upon termination or discontinuation of services within five working days. While most clients had a discharge summary completed on time, there were a few clients who did not. Please ensure all discharge summaries are being completed within 5 working days.
3. For clients who miss meetings, it may be beneficial to enter progress notes indicating the missed meeting and attempts to engage the client after the miss. The progress notes will provide a documentation trail if reviews are late.

AREAS REQUIRED FOR PLANS OF CORRECTION:

Description: The following areas will require a plan of correction to address the rules of non-compliance which shall include an updated policy and/or procedure, a time frame for implementation of this procedure, the staff position or title responsible for implementation and the staff position or title responsible for ensuring continued compliance of these rules.

1. **According to ARSD 67:61:02:20 and 67:62:02:08 Changes requiring notification.** An accredited agency shall notify the division director before: a change in the agency director, a reduction in services provided by the agency, or an impending closure of the agency for a determination on continued accreditation.

An accredited agency shall give the division 30 days written notice of closure. The agency shall provide the division written documentation ensuring safe storage of financial records for at least six years from the date of closure, and of client case records for a minimum of six years from closure required by 42 C.F.R. § 2.19 (June 9, 1987), disposition of records by discontinued programs. The division may assist in making arrangements for the continuation of services to clients by another accredited agency before the closing.

In review of the agency's policies and procedures, the agency has a policy and procedure for notifying the department prior to the impending closure of the agency. However, the agency must also notify the department prior to a change in agency director or reduction in services provided by the agency.

2. **According to ARSD 67:61:06:04 and 67:62:07:04 Grievance procedures.** Each agency shall have written grievance policies and procedures for hearing, considering, and responding to client grievances.

The agency shall inform the client, the client's parent or guardian, in writing or in an accessible format, of the grievance procedures during intake services. The grievance procedure shall be posted in a place accessible to a client and a copy shall be available in locations where a client can access the grievance procedure without making a request to agency staff. The grievance procedure shall be available to a former client upon request.

The procedure shall include the ability to appeal the agency's decision regarding ineligibility or termination of services to the division as provided in § 67:61:06:05 and shall include the telephone number and address of the division.

The agency's grievance policy did not include the division's phone number or address.

3. **According to ARSD 67:61:05:01 Tuberculin screening**

requirements. Tuberculin screening requirements for employees are as follows:

- Each new staff member, intern, and volunteer shall receive the two-step method of tuberculin skin test or a TB blood assay test to establish a baseline within 14 days of employment. Any two documented tuberculin skin tests completed within a 12-month period before the date of employment can be considered a two-step or one TB blood assay test completed within a 12-month period before employment can be considered an adequate baseline test. Skin testing or TB blood assay tests are not required if a new staff, intern or volunteer provides documentation of the last skin testing completed within the prior 12 months. Skin testing or TB blood assay tests are not required if documentation is provided of a previous position reaction to either test;
- A new staff member, intern, or volunteer who provides documentation of a positive reaction to the tuberculin skin test or TB blood assay test shall have a medical evaluation and chest X-ray to determine the presence or absence of the active disease;
- Each staff member, intern and volunteer with a positive reaction to the tuberculin skin test or TB blood assay test shall be evaluated annually by a licensed physician, physician assistant, nurse practitioner, clinical nurse specialist, or a nurse and a record maintained of the presence or absence of symptoms of *Mycobacterium tuberculosis*. If this evaluation results in suspicion of active tuberculosis, the licensed physician shall refer the staff member, intern, or volunteer for further medical evaluation to confirm the presence or absence of tuberculosis; and
- Any employee confirmed or suspected to have infectious tuberculosis shall be restricted from employment until a physician determines that the employee is no longer infectious.

Upon review of your personnel files, it was determined none of employees reviewed received the two-step tuberculin skin test or a TB blood assay test within 14 days of employment.

4. **According to ARSD 67:62:08:05 Integrated assessment.** A mental health staff member shall meet with the client and the client's family if appropriate, to complete an integrated assessment within 30 days of

intake. The integrated assessment includes both functional and diagnostic components. For children under 18 year of age, the mental health staff shall obtain permission from the parent or guardian to meet with the child, and at least one parent or guardian shall participate in the assessment. The assessment includes the following components:

- Strengths of the client and the client's family if appropriate, as well as previous periods of success and the strengths that contributed to that success. Identification of potential resources within the family, if applicable;
- Presenting problems or issues that indicate a need for mental health services;
- Identification of readiness for change for problem areas, including motivation and supports for making such changes;
- Current substance use and relevant treatment history, including attention to previous mental health and substance use disorder or gambling treatment and periods of success, psychiatric hospital admissions, psychotropic and other medications, relapse history or potential for relapse, physical illness, and hospitalization;
- Relevant family history, including family relationship dynamics and family psychiatric and substance abuse history;
- Family and relationship issues along with social needs;
- Educational history and needs;
- Legal issues;
- Living environment or housing;
- Safety needs and risks with regards to physical acting out, health conditions, acute intoxication, or risk of withdrawal;
- Past or current indications of trauma or domestic violence or both if applicable;
- Vocational and financial history and needs;
- Behavioral observations or mental status, for example, a description of whether affect and mood are congruent or whether any hallucinations or delusions are present;
- Formulation of a diagnosis, including documentation of co-occurring medical, developmental disability, mental health, substance use disorder or gambling issues or a combination of these based on integrated screening;
- Eligibility determination for SMI or SED for mental health services or level of care determination for substance use services, or both if applicable;
- Clinician's signature, credentials, and date; and

- Clinical supervisor's signature, credentials, and date verifying review of the assessment and agreement with the initial diagnosis or the formulation of the initial diagnosis in cases where the staff does not have the education or training to make a diagnosis.

In review of the client's integrated assessments for CYF, CARE and Mental Health Outpatient services, 15 out of 18 assessments were not completed within 30 days of intake.

5. **According to ARSD 67:62:08:07 Treatment plan.** The initial treatment plan shall be completed within 30 days of intake and shall include the mental health staff's signature, credentials, and date of signature, and the clinical supervisor's signature and credentials if the mental health staff does not meet the criteria of a clinical supervisor as defined in subdivision 67:62:01:01(8). Evidence of the client's or the client's parent or guardian's participation and meaningful involvement in formulating the plan shall be documented in the file. This may include their signature on the plan or other methods of documentation.

The treatment plan shall:

- Contain either goals or objectives, or both, that are individualized, clear, specific, and measurable in the sense that both the client and the mental health staff can tell when progress has been made;
- Include treatment for multiple needs, if applicable, such as co-occurring disorders that are relevant to the client's mental health treatment;
- Include interventions that match the client's readiness for change for identified issues; and
- Be understandable by the client and the client's family if applicable.

A copy of the treatment plan shall be provided to the client, and to the client's parent or guardian if applicable

In review of client's treatment plans for CYF, CARE and Mental Health Outpatient services, 12 out of 18 treatment plans were not completed within 30 days. Please ensure treatment plans are completed within 30 days to comply with ARSD 67:62:08:07.

6. **According to ARSD 67:62:08:08. Treatment plan review – Six-month review.** Treatment plans shall be reviewed in at least six-month intervals and updated if needed. Treatment plan reviews shall include a written review of any progress made toward treatment goals or objectives, significant changes to the treatment goals or objectives, and a justification for the continued need for mental health services. Treatment plan reviews may be documented in the progress notes or other clinical documentation; however, any changes in the client's treatment plan goals or objectives shall be documented in the treatment plan. Treatment plan reviews shall include the mental health staff's signature, credentials, and date.

In review of treatment plan reviews for Mental Health Outpatient services, 3 out of 5 files did not have treatment plan reviews completed at least every six months.

7. **According to ARSD 67:62:08:09. Supervisory reviews.** Staff meeting clinical supervisory criteria as defined in subdivision 67:62:01:01(8), shall conduct one treatment plan review at least annually. This review shall include documentation of:

- Progress made toward treatment goals or objectives;
- Significant changes to the treatment goals or objectives;
- Justification for the continued need for mental health services; and
- Assessment of the need for additional services or changes in services, if applicable.

This review qualifies as a six month review pursuant to § 67:62:08:08. The annual supervisory review shall include the clinical supervisor's signature, credentials, and date.

In review of Supervisory Reviews for CARE services, 4 out of 8 treatment plans were not reviewed annually.

In review of Supervisory Reviews for Mental Health Outpatient services, there were no supervisory reviews completed for 2 out of 3 treatment plans.

PRIOR AREAS REQUIRING A PLAN OF CORRECTION:

Description: Southeastern Behavioral Healthcare was last reviewed by the Department of Social Services, Office of Licensing and Accreditation on December 5-7, 2017. The 2017 review identified two areas of recommendation, one recommendation was resolved, and one became a plan of correction. The 2017 review had four areas requiring a plan of correction, one plan of correction was resolved and the remaining three continue to be a plan of correction. The remaining three plans of correction did make improvements from the last review, but not completing all requirements caused them to remain plans of correction.

ACCREDITATION RESULTS:

Administrative Review Score: 98.1%

Combined Client Chart Review Score: 94.1%

Cumulative Score: 94.3%

X	Three Year Accreditation (90%-100%)
	Two Year Accreditation (70%-89%)
	Probation (69% and below)